Indiana State Department of Health

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED	
					07/4	07/19/2012
ROVIDER OR SUPPLIER	003497	STREET ADDR	<b>I</b> RESS, CITY, STA	TE, ZIP CODE	07/1	9/2012
CARMEL AMBULATORY SURGERY CENTER LLC, THI		13421 OLD MERIDIAN ST CARMEL, IN 46032				
			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
000 INITIAL COMMENTS		S 000				
This visit was for investigation of a State complaint.						
Complaint Number: IN00104808 Unsubstantiated: lack of sufficient evidence						
Date: 7/19/12						
Facility Number: 003497						
Surveyors: Linda Dubak, R.N. Public Health Nurse Surveyor						
ReBecca Lair, LCSW Medical Surveyor						
Carmel Ambulatory Surgery Center is in compliance with 410 IAC 15-2.5-3, Medical records, storage, and administration, Indiana Ambulatory Surgery Center Licensure Rules.						
QA: claughlin 08/06/	12					
	ROVIDER OR SUPPLIER  AMBULATORY SURGER  SUMMARY ST (EACH DEFICIENC REGULATORY OR  INITIAL COMMENTS  This visit was for invecomplaint.  Complaint Number: Incomplaint of the complaint of the comp	ROVIDER OR SUPPLIER  AMBULATORY SURGERY CENTER LLC, THI  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FE REGULATORY OR LSC IDENTIFYING INFORMATION OF LSC IDENTI	ROVIDER OR SUPPLIER  AMBULATORY SURGERY CENTER LLC, THI  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  This visit was for investigation of a State complaint.  Complaint Number: IN00104808 Unsubstantiated: lack of sufficient evidence  Date: 7/19/12  Facility Number: 003497  Surveyors: Linda Dubak, R.N. Public Health Nurse Surveyor  ReBecca Lair, LCSW Medical Surveyor  Carmel Ambulatory Surgery Center is in compliance with 410 IAC 15-2.5-3, Medical records, storage, and administration, Indiana Ambulatory Surgery Center Licensure Rules.	ROVIDER OR SUPPLIER  AMBULATORY SURGERY CENTER LLC, THI  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  This visit was for investigation of a State complaint.  Complaint Number: IN00104808 Unsubstantiated: lack of sufficient evidence  Date: 7/19/12  Facility Number: 003497  Surveyors: Linda Dubak, R.N. Public Health Nurse Surveyor  ReBecca Lair, LCSW Medical Surveyor  Carmel Ambulatory Surgery Center is in compliance with 410 IAC 15-2.5-3, Medical records, storage, and administration, Indiana Ambulatory Surgery Center Licensure Rules.	ROVIDER OR SUPPLIER  AMBULATORY SURGERY CENTER LLC, THI  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  This visit was for investigation of a State complaint.  Complaint Number: IN00104808 Unsubstantiated: lack of sufficient evidence  Date: 7/19/12  Facility Number: 003497  Surveyors: Linda Dubak, R.N. Public Health Nurse Surveyor  ReBecca Lair, LCSW Medical Surveyor  Carmel Ambulatory Surgery Center is in compliance with 410 IAC 15-2.5-3, Medical records, storage, and administration, Indiana Ambulatory Surgery Center Licensure Rules.	FORRECTION    Description   De

Indiana State Department of Health

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE